



IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 09/448,175)
Filing Date: November 24, 1999)
Inventor(s): Hanna S-H Hsu, et al.)
Group Art Unit: 2634)
Examiner Name: Odom, Curtis B.)
Customer No.: 27160)
Title: POLYPHASE FILTER WITH STACK SHIFT CAPABILITY)

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

Oct 27, 2004

John S. Paniaguas Registration No. 31,051

Attorney for Applicant (s) RECEIVED

OCT 2 8 2004

Technology Center 2600

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action mailed on June 22, 2004, please amend the aboveidentified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



Attorney Docket No. 12-0887



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Hanna S-H Hsu, et al.

Application No.: 09/448,175

Filed:

November 24, 1999

For:

POLYPHASE FILTER WITH STACK SHIFT

CAPABILITY

Group Art Unit: 2634

Examiner: Odom, Curtis B.

Customer No.: 27160

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John &. Paniaguas Registration No. 31,05

Attorney for Applicant(s)

AMENDMENT TRANSMITTAL

Technology Center 2600

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. A paper requesting correction/substitution of drawings is attached. ()

2. **Fee for Claims**

(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. §1.16(b)-(d) has been calculated as shown below:

				SMAL	L ENTITY		AN A SMALL TITY
	Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total		Minus	••	x 9		x 18	
Indep.		Minus		x 42		x 84	
Fee for N	/ultiple Dependent Cla	+140		+280			
		тс	OTAL ADDITIO	NAL FEES		OR	

3.	Metho	Method of Payment of Fees						
	()	Enclosed is our firm check in the ame	ount of: \$					
	()	Charge \$ to Deposit Ac	count No. 50-1214.					
4.	(X)	The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate.						
			Respectfully Submitted,					
	(Date)	£ 22,2004 By:	John S. Paniaguas Registration No. 31,051					
			KATTEN MUCHIN ZAVIS ROSENMAN 525 West Monroe Street, Suite 1600 Chicago, Illinois 60661-3693 (Direct) Phone No. (312) 902-5312 (Direct) Fax No. (312) 577-4532					